

FILED AUG 29 1941

Registration District No. 384

Primary Registration District No. 4227

Registrar's No.

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
232 HINDS ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community ALL OF LIFE
years, months or days)

3. (a) PRINT FULL NAME FANNIE FLORENCE MUSTION

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife A. MUSTION 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased AUGUST 18, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 9 If less than one day
hr. min.

9. Birthplace HOWELL COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name JESSE HUNT
13. Birthplace ALA. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Harmon
15. Birthplace TENN. (City, town, or county) (State or foreign country)

16. (a) Informant A. MUSTION
(b) Address WEST PLAINS, Mo. 232 HINDS ST.
17. (a) BURIAL (b) Date thereof JULY 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HOWELL TWP. HOWELL COUNTY

18. (a) Signature of funeral director Hal Thompson
(b) Address WEST PLAINS, Mo.
19. (a) 7-29-41 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL 046
(c) City or town WEST PLAINS 1
(If outside city or town limits, write "RURAL")
(d) Street No. 232 HINDS ST
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27
year 1941 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from
July 22 1941 to July 27 1941
that I last saw her alive on July 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature Rede (M.D. or other)
Address West Plains, Mo. Date signed.....

RECEIVED

District Health Officer No. 5,

District File Number.....

Date Filed.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Hal Thompson

Licensed Embalmer No. 3408

P. O. Address West Plains, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.